|  | *  |   |                        |                        |              |                  |        |                              |                 |        |                              |  |  |
|--|--|---|------------------------|------------------------|--------------|------------------|--------|------------------------------|-----------------|--------|------------------------------|--|--|
|  |  |   |                        |                        |              |                  |        | Application or Docket Number |                 |        |                              |  |  |
| PATENT APPLICATION FEE DETERMINATION RECOF     |  |   |                        |                        |              |                  |        | 2720                         |                 |        |                              |  |  |
| Effective January 1, 2003                      |  |   |                        |                        |              |                  |        | 10612720                     |                 |        |                              |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                        |                        |              |                  |        | SMALL ENTITY                 |                 |        | OTHER THAN<br>R SMALL ENTITY |  |  |
| ΤO   | TAL CLAIMS   |   | (Column 1) (Column 1)  |                        |              | nn 2)            | TYPE   |                              | FEE             | OR     |                              |  |  |
| FOR  |  |   | NUMBER FILED           |                        | NUMBER EXTRA |                  | BASIC  |                              | 37,5.00         |        | RATE<br>BASIC FEE            | 750.00   |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | .11                    |                        | * Ø          |                  |        |                              | 3,0.00          | OR     |                              | 750.00   |  |
| $\vdash$                                       |  | minus 20= *                                   |                        |                        | X\$\\        |                  |        |                              | OR              | X\$18= | 8                            |  |  |
| INDEPENDENT CLAIMS                             |  |   | minus 3 =   . (        |                        |              |                  | X42    | X                            |                 | OR     | X84=                         | 0  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT               |  |   |                        |                        |              | +74              | 0=     |                              | OR              | +280=  | 0                            |  |  |
| * If   | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                        |                        |              |                  |        | AL                           |                 | OR     | TOTAL                        | 750  |  |
| CLAIMS AS AMENDED - PART II                    |  |   |                        |                        |              |                  |        |                              | \               |        | OTHER                        |  |  |
|  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                          |   |                        |                        |              |                  | SMA    | LL I                         |                 | OR     | SMALL                        |  |  |
| ¥ <u></u>                                      |  | REMAINING<br>AFTER                            |                        | NUME                   | BER          | PRESENT<br>EXTRA | RAT    | RATE                         | ADDI-<br>TIONAL |        | RATE                         | ADDI-/<br>TIONAL                                 |  |
| MEN  |  | AMENDMENT                                     |                        | PAID                   |              | EXITA            |        |                              | FEE             |        |                              | FEE  |  |
| <b>ÁMENDMENT À</b>                             | Total  | · 15  | Minus .                | # 0X                   |              |                  | X\$ 9  | 9=                           |                 | OR     | X\$18=                       |  |  |
| MA   | Independent  | <u>* 2 </u>                                   | Minus *** 3            |                        |              | -                | X42= / |                              |                 | OR     | X84=                         |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                        |                        |              |                  | +14    | 0=                           | 1               | OR     | +280=                        | T  |  |
|  |  |   |                        |                        |              |                  |        | TAL                          | 1               |        | TOTAL                        | <del>                                     </del> |  |
|  | (Column 1) (Column 2) (Column 3)   |   |                        |                        |              |                  |        | FEE                          |                 | • ,    | ADDIT. FEE                   |  |  |
| 6  |  | CLAIMS<br>REMAINING                           |                        | HIGH                   | EST          | PRESENT          |        |                              | ADDI-           |        |                              | ADDI-  |  |
| ENDMENT  |  | AFTER<br>AMENDMENT                            |                        | PREVIO PAID            | USLY         | EXTRA            | RATE   |                              | TIONAL<br>FEE   |        | RATE                         | TIONAL   |  |
| S S  | Total  | *   | Minus                  | **                     |              | =                | XS     | 9=                           |                 | OR     | X\$18=                       |  |  |
|  | Independent  | *   | Minus                  | ***                    |              |                  | X42    |                              | ,               |        | X84=                         | .,   |  |
| AM   | FIRST PRESE  | JLTIPLE DE                                    | LTIPLE DEPENDENT CLAIM |                        |              | _^4              | :=     |                              | OR              | A04=   |                              |  |  |
|  |  |   |                        |                        |              |                  | +14    |                              |                 | OR     | +280=                        |  |  |
|  |  |   |                        |                        |              |                  |        | FEE                          |                 | OR     | TOTAL<br>ADDIT. FEE          |  |  |
| _  |  | (Column 1)                                    |                        |                        |              | •                | _      |                              |                 |        |                              |  |  |
| 0  |  | CLAIMS<br>REMAINING<br>AFTER                  |                        | HIGH<br>NUMI<br>PREVIO | BER          | PRESENT          | RAT    | _                            | ADDI-<br>TIONAL |        | RATE                         | ADDI-<br>TIONAL                                  |  |
| EN I   |  | AMENDMENT                                     |                        | PAID                   |              | EXTRA            |        | -                            | FEE             |        | DATE                         | FEE  |  |
| AMENDMENT C                                    | Total  | *   | Minus                  | **                     |              | •                | X\$ 9  | 9=                           |                 | OR     | X\$18=                       |  |  |
|  | Independent  |   |                        |                        |              | X42              | 2=     |                              | OR              | `X84=  |                              |  |  |
|  | I LUCT DOCCE   | IPST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                        |                        |              |                  |        |                              |                 |        | -                            | =  |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

+280=

TOTAL ADDIT. FEE

+140=

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.